

PERSONAL FINANCIAL DISCLOSURE

"TIER 2"

LSA-R.S. 42:1124.2

☒ ORIGINAL REPORT

☐ AMENDED REPORT

This Report Covers Calendar Year 2010

Office Held or Position Sought STATE REPRESENTATIVE

Date of Election \_\_\_\_\_ Date of Qualifying \_\_\_\_\_

Full Name of Filer: HERBERT B. DIXON, SR.

Full Name of Spouse: JANET H. DIXON

Mailing Address: 2701 3<sup>RD</sup> STREET

Street

Apt. #

ALEXANDRIA

LA.

71302

City

State

Zip Code

Spouse's Occupation: ACCOUNT EXECUTIVE

Spouse's Principal Business Address, if any:

3425 MACLEE

Street

Suite #

ALEXANDRIA

LA

71301

City

State

Zip Code

Select One: ☐ (A) I certify that I have filed my federal income tax return for the previous year.

☒ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One: ☒ (B) I certify that I have filed my state income tax return for the previous year.

☐ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

Herbert B. Dixon, Sr.  
Signature of Filer

Sworn to and subscribed before me this 5<sup>th</sup> day of May, 2011.

Carla Bingham  
Notary Public

Printed Name: Carla Bingham

ID# 34726

Commission Expires lifetime

**SCHEDULE A  
EMPLOYMENT INFORMATION**

☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	
Employer Name <u>ADOUCELLES PARISH SCHOOL BOARD</u>		Job Title <u>TEACHER</u>	
Employer Address <u>221 TUNICA DRIVE</u>		Suite # _____	
Street _____		Suite # _____	
<u>MARKSVILLE, LA.</u>		<u>71351</u>	
City _____		State _____ Zip Code _____	
Job Description <u>EDUCATIONAL INSTRUCTION TO STUDENTS</u>			
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name <u>UNITED PARCEL SERVICE</u>		Job Title <u>ACCOUNT EXECUTIVE</u>	
Employer Address <u>3425 MACLEE</u>		Suite # _____	
Street _____		Suite # _____	
<u>ALEXANDRIA</u>		<u>LA</u>	
City _____		State _____ Zip Code <u>71301</u>	
Job Description <u>SERVICING AND ESTABLISHING UPS ACCOUNTS</u>			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name _____		Job Title _____	
Employer Address _____		Suite # _____	
Street _____		Suite # _____	
City _____		State _____ Zip Code _____	
Job Description _____			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name _____		Job Title _____	
Employer Address _____		Suite # _____	
Street _____		Suite # _____	
City _____		State _____ Zip Code _____	
Job Description _____			

**SCHEDULE B  
POSITIONS - BUSINESS**

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

**Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		Amount of Interest <u>100</u> %	
Name of Business <u>NATIONAL MOTOR CLUB OF AMERICA</u>			
Address <u>2701 3<sup>rd</sup> STREET</u>			
Street		Suite #	
<u>ALEXANDRIA</u>	<u>LA</u>	<u>71302</u>	
City	State	Zip Code	
Business Description <u>SALES</u>			
Nature of Association <u>CONTRACT SALES REPRESENTATIVE</u>			

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both		Amount of Interest <u>100</u> %	
Name of Business <u>CONNECTING THE DOTS, LLC</u>			
Address <u>2701 3<sup>rd</sup> STREET</u>			
Street		Suite #	
<u>ALEXANDRIA</u>	<u>LA</u>	<u>71302</u>	
City	State	Zip Code	
Business Description <u>GENEOLOGY RESEARCH AND TRAVEL</u>			
Nature of Association <u>OWNERSHIP (OWNERSHIP)</u>			

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest   _____ %	
Name of Business   _____			
Address   _____			
Street		Suite #	
_____	_____	_____	
City	State	Zip Code	
Business Description   _____			
Nature of Association   _____			

**SCHEDULE C  
POSITIONS - NONPROFIT**

☐ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	
Name of Organization <u>SICKLE CELL ANEMIA</u> Nature of Association <u>BOARD MEMBER</u>	
Address <u>2025 3<sup>RD</sup> STREET</u>	
Street	Suite #
<u>ALEXANDRIA</u>	<u>71302</u>
City	State Zip Code
<u>LA</u>	
Organization Description <u>PROVIDE SERVICES TO INDIVIDUALS AT RISK FOR SICKLE CELL</u>	

<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	
Name of Organization <u>LION'S CLUB</u> Nature of Association <u>MEMBERS</u>	
Address <u>1616 COCO DRIVE</u>	
Street	Suite #
<u>ALEXANDRIA</u>	<u>71301</u>
City	State Zip Code
<u>LA.</u>	
Organization Description <u>SERVICE TO THE COMMUNITY THROUGH SUPPORT PROGRAMS</u>	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	
Name of Organization _____ Nature of Association _____	
Address _____	
Street	Suite #
_____	_____
City	State Zip Code
_____	_____
Organization Description _____	

**SCHEDULE D**  
**INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,**  
**AND/OR GAMING INTERESTS**

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ <u>27,153.96</u>
Name of Business, if applicable <u>LOUISIANA TEACHER RETIREMENT SYSTEM</u>		
Name of Source of Income <u>LOUISIANA TEACHER RETIREMENT SYSTEM</u>		
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>8401 UNITED PLAZA BOULEVARD</u>		
Street	Suite #	
<u>BATON ROUGE</u>	<u>LA</u>	<u>70809-7017</u>
City	State	Zip Code

  

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ <u>36,975.76</u>
Name of Business, if applicable <u>LOUISIANA HOUSE OF REPRESENTATIVES</u>		
Name of Source of Income <u>STATE OF LOUISIANA</u>		
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>P.O. BOX 94062 CAPITOL STATION</u>		
Street	Suite #	
<u>BATON ROUGE</u>	<u>LA</u>	<u>70804-9062</u>
City	State	Zip Code

  

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ <u>15,789.19</u>
Name of Business, if applicable <u>AVOUELLES PARISH SCHOOL BOARD</u>		
Name of Source of Income <u>AVOUELLES PARISH SCHOOL BOARD</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>221 TUNICA DRIVE</u>		
Street	Suite #	
<u>MARKSVILLE</u>	<u>LA</u>	<u>71351</u>
City	State	Zip Code

**SCHEDULE D**  
**INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,**  
**AND/OR GAMING INTERESTS**

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.**

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ <u>7,770.00</u>
Name of Business, if applicable <u>RAPIDES PARISH SCHOOL BOARD</u>		
Name of Source of Income <u>RAPIDES PARISH SCHOOL BOARD</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>619 SIXTH STREET</u>		
Street	Suite #	
<u>ALEXANDRIA</u>	<u>LA</u>	<u>71301</u>
City	State	Zip Code

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ _____
Name of Business, if applicable _____		
Name of Source of Income _____		
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address _____		
Street	Suite #	
_____	_____	_____
City	State	Zip Code

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ _____
Name of Business, if applicable _____		
Name of Source of Income _____		
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address _____		
Street	Suite #	
_____	_____	_____
City	State	Zip Code

**SCHEDULE E**  
**INCOME RECEIVED FROM EMPLOYMENT**

☐ Check if Not Applicable

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse.

**INCOME SHALL BE REPORTED BY CATEGORY.**

**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

**INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse		I	II	III	IV
<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Amount of Income:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employer Name <u>UNITED PARCEL SERVICE, INC</u>		Job Title <u>ACCOUNT EXECUTIVE</u>				
Employer Address <u>3425 MACLEE</u>						
Street		Suite #				
<u>ALEXANDRIA</u>		<u>LA</u>		<u>71301</u>		
City		State		Zip Code		
Nature of services rendered pursuant to the employment						
<u>SERVICING AND ESTABLISHING UPS ACCOUNTS</u>						

  

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		I	II	III	IV
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Amount of Income:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Name _____		Job Title _____				
Employer Address _____						
Street		Suite #				
_____		_____		_____		
City		State		Zip Code		
Nature of services rendered pursuant to the employment						
_____						

  

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		I	II	III	IV
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Amount of Income:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Name _____		Job Title _____				
Employer Address _____						
Street		Suite #				
_____		_____		_____		
City		State		Zip Code		
Nature of services rendered pursuant to the employment						
_____						

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

I    II    III    IV

Aggregate Amount of Income received from the business interests listed on Schedule F: ☒ ☐ ☐ ☐

<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		(I)
Name of Business <u>NATIONAL MOTOR CLUB OF AMERICA, INC.</u>		
Address <u>P.O. BOX 809110 (2701 3<sup>RD</sup> ST., ALEX., LA. 71302)</u>		
Street	Suite #	
<u>DALLAS</u>	<u>TEXAS</u>	<u>75380-9110</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>SALES - ROADSIDE SERVICES, DISCOUNTS, AND HOSPITAL BENEFITS</u>		
<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		(II)
Name of Business <u>CONNECTING THE DOTS, INC.</u>		
Address <u>2701 3<sup>RD</sup> STREET</u>		
Street	Suite #	
<u>ALEXANDRIA</u>	<u>LA</u>	<u>71302</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>GENEOLOGY RESEARCH AND TRAVEL</u>		
<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		(I)
Name of Business <u>RESTAURANT BUILDING</u>		
Address <u>2705 + 2707 3<sup>RD</sup> STREET</u>		
Street	Suite #	
<u>ALEXANDRIA</u>	<u>LA</u>	<u>71302</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>RENTAL PROPERTY</u>		



**SCHEDULE G  
OTHER INCOME**

☐ Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (**in value ranges by category**), excluding income reported in another section of this report.

**Note:** Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	

**SCHEDULE H  
IMMOVABLE PROPERTY**

☐ Check if Not Applicable

A brief description, fair market value or use value ( in value ranges by category ) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I   II   III   IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Country <u>USA</u>	State <u>LOUISIANA</u>
Parish/County <u>RAPIDES</u>	
Property Description: <u>RESIDENCE - 2701 3<sup>rd</sup> STREET, ALEXANDRIA</u>	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I   II   III   IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Country <u>USA</u>	State <u>LOUISIANA</u>
Parish/County <u>RAPIDES</u>	
Property Description: <u>COMMERCIAL - 2705 + 2707 3<sup>rd</sup> ST., ALEXANDRIA</u>	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	I   II   III   IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Country   _____	State   _____
Parish/County   _____	
Property Description: _____	

# SCHEDULE I INVESTMENT HOLDINGS

☐ Check if Not Applicable

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both	<i>UPS</i>	<i>CLASS "A" COMMON STOCK</i>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

## SCHEDULE J TRANSACTIONS

☐ Check if Not Applicable

A brief description, amount (**in value ranges by category**), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>

**SCHEDULE K  
LIABILITIES**

☐ Check if Not Applicable

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

<input checked="" type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse			
Name of Creditor <u>INTERNAL REVENUE SERVICE</u>			
Address <u>P.O. BOX 16226</u>		Suite # _____	
Street _____		_____	
<u>PHILADELPHIA</u>	<u>PA</u>	<u>19114-0226</u>	
City	State	Zip Code	
Name of Guarantor (if any) _____			
 <input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Creditor _____			
Address _____		Suite # _____	
Street _____		_____	
City	State	Zip Code	
Name of Guarantor (if any) _____			
 <input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Creditor _____			
Address _____		Suite # _____	
Street _____		_____	
City	State	Zip Code	
Name of Guarantor (if any) _____			

**SCHEDULE L**  
**OTHER OFFICES/POSITIONS**

☐ Check if Not Applicable

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.2.1 (Tier 2.1) and/or Section 1124.3 (Tier 3) of the Code of Governmental Ethics.

**NAME OF POSITION OR OFFICE HELD:**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.